| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  //// 10/////////////////////////////// |                                                                          |                                                                   |               |                                   |             |                                  |                                   |     |                                              |      |                               |                        |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------|---------------|-----------------------------------|-------------|----------------------------------|-----------------------------------|-----|----------------------------------------------|------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                 |                                                                          |                                                                   |               |                                   |             |                                  |                                   |     | NTITY                                        | OR   | OTHER                         |                        |
| Ľ                                                                                                              | OTAL CLAIMS                                                              |                                                                   | 3             |                                   |             |                                  | RA                                | ſΕ  | FEE                                          | ]    | RATE                          | FEE                    |
| F                                                                                                              | OR .                                                                     |                                                                   | NUMBER        | FILED                             | NUMB        | NUMBER EXTRA                     |                                   | FEE | 385.00                                       | OR   | BASIC FEE                     | 770.00                 |
| To                                                                                                             | OTAL CHARGE                                                              | able claims                                                       | 3 minus 20= * |                                   |             |                                  | XS 9= -                           |     | _                                            | OR   | X\$18=                        |                        |
| INI                                                                                                            | DEPENDENT C                                                              | LAIMS                                                             | minus 3 =     |                                   |             | X4:                              | 3=                                |     | OR                                           | X86= |                               |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                               |                                                                          |                                                                   |               |                                   |             |                                  | +14                               |     |                                              | 1    | .200                          |                        |
| • 1                                                                                                            | * If the difference in column 1 is less than zero, enter *0* in column 2 |                                                                   |               |                                   |             |                                  |                                   |     | 205                                          | OR   | +290=                         |                        |
| TOTAL [SS] OR TOTAL                                                                                            |                                                                          |                                                                   |               |                                   |             |                                  |                                   |     |                                              |      | 241441                        |                        |
| 2.30.03 (Column 1) (Column 2) (Column 3)                                                                       |                                                                          |                                                                   |               |                                   |             |                                  | SMA                               | LL  | ENTITY                                       | OR   | OTHER<br>SMALL I              |                        |
| AMENDMENT A                                                                                                    |                                                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |               | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY | PRESENT<br>EXTRA                 | RAT                               | Έ   | ADDI-<br>TIONAL<br>FEE                       |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                | Total                                                                    | . 3                                                               | Minus         | -2                                | 0           | -                                | X\$ :                             | )=  | J                                            | OR   | X\$18=                        |                        |
|                                                                                                                | Independent                                                              | · ,                                                               | Minus         |                                   | 3           | = _                              | X43                               | =   |                                              | OR   | X86=                          |                        |
| L                                                                                                              | FIRST PRESE                                                              | +14                                                               | _             |                                   | OR.         | +290=                            |                                   |     |                                              |      |                               |                        |
|                                                                                                                |                                                                          |                                                                   |               |                                   |             |                                  |                                   | TAL | <u>.                                    </u> |      | TOTAL                         |                        |
|                                                                                                                |                                                                          | (Column 1)                                                        | , ADDIT.      | FEE                               |             | JOH ,                            | ADDIT. FEE                        |     |                                              |      |                               |                        |
| AMENDMENT B                                                                                                    |                                                                          | CLAIMS<br>REMAINING                                               |               | (Colum                            | ST          | (Column 3) PRESENT               |                                   | 1   | ADDI-                                        | . [  | •                             | ADDI-                  |
|                                                                                                                |                                                                          | AFTER AMENDMENT                                                   |               | PREVIO                            | USKY        | EXCIPLA                          | RAT                               | E   | TIONAL<br>FEE                                |      | RATE                          | TIONAL<br>FEE          |
|                                                                                                                | Total                                                                    | •                                                                 | Minus /       | +/                                |             | =9                               | X\$ 9                             | =   | ,                                            | OR   | X\$18=                        |                        |
|                                                                                                                | Independent                                                              | •                                                                 | Minus         |                                   |             | 4                                | X43                               | - 1 |                                              | OR   | X86≐                          |                        |
|                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                                                   |               |                                   |             |                                  |                                   |     |                                              |      | +290≟                         |                        |
|                                                                                                                |                                                                          |                                                                   |               |                                   |             |                                  |                                   | AL  |                                              | OR   | TOTAL                         |                        |
|                                                                                                                |                                                                          |                                                                   |               |                                   |             |                                  |                                   |     |                                              | OR , | DOIT. FEE                     |                        |
|                                                                                                                | `                                                                        | (Column 1)<br>CLAIMS                                              |               | (Colum                            |             | (Column 3)                       |                                   | _   | 400:                                         | •    |                               |                        |
| AMENDMENT C                                                                                                    |                                                                          | REMAINING<br>AFTER<br>AMENDMENT                                   | •             | PREVIOL<br>PAID F                 | ISLY        | PRESENT<br>EXTRA                 | RATE                              |     | ADDI-<br>TIONAL<br>FEE                       | ŀ    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                | Total                                                                    | •                                                                 | Minus         | **                                |             | a .                              | X\$ 9                             |     |                                              | OR   | X\$18=                        |                        |
|                                                                                                                | Independent                                                              | *                                                                 | Minus         | ***                               | ]           | 8                                | X43=                              | 1   |                                              |      | X86=                          |                        |
|                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                                                   |               |                                   |             |                                  |                                   | +   |                                              | OR   |                               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                          |                                                                          |                                                                   |               |                                   |             |                                  |                                   |     |                                              |      |                               |                        |
| [                                                                                                              | the "Highest Nun<br>the "Highest Nun                                     | nber Previously Pai<br>nber Previously Pai<br>ber Previously Paid | d For IN THE  | SPACE IS I                        | ess than    | 20, enter "20."<br>3, enter "3." | YOT.<br>ADDIT. FI<br>lound in the | EL  |                                              |      | TOTAL<br>DDIT. FEE L<br>mn 1. | ·                      |

Application or Docket Number